MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

581.0 / 124.2

0298

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 3 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winchester
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) Ashby (Last) Anderson

4. DATE OF DEATH (Month) Jan. (Day) 11 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Oct. 22, 1885
9. AGE last birthday 63 yrs. If under 1 year Months 2 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Warren County, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Turner Ashby
14. MOTHER'S MAIDEN NAME Mary Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT ~~Curtis~~ Vernon Ashby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure, due to decomposition

Antecedent cause(s) on left heart

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis.

(c) Cirrhosis of liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Jan 11, 1949, that I last saw the deceased alive on Jan 11, 1949, and that death occurred at 12 n m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D ADDRESS St Leonard, Md DATE SIGNED 1/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 13, 1949
NAME OF CEMETERY OR ~~CREMATORY~~ Wesley M.E.
LOCATION (City, town, or county) Prince Frederick (State) Md

DATE REC'D BY LOCAL REG. 1-12-49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & Son ADDRESS Mutual, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON: FILM No. G 11 FEB 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

818.5
170c

0299

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 days

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution? 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Owings

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Charles Franklin Coates

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife Victoria Coates

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept-8-1872

8. AGE: Years	Months	Days	If less than one day
77 76			..... hrs. ..... min.

9. Birthplace Calvert County, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Charles Franklin Coates

13. Birthplace Calvert County, Md.

MOTHER

14. Maiden name Rooney Riggs

15. Birthplace Calvert County, Md.

16. Informant Victoria Coates

Address Owings, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-4-49 (month) (day) (year)

Cemetery or crematory Patuxent

Location Calvert

18. Funeral director P. E. Sewell

Address Prince Frederick, Md.

19. 1-3 19 49 H. M. Howard

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 19 49, at 12:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Fractured skull	22 days
Due to Auto accident with wagon	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of 12/9/48

Where did injury occur Sunderland (City or town) Calvert (County) Md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Auto wagon col. Injured at work? yes

23. SIGNATURE H. M. Howard M. D. or other

Address Owings Md Date signed 1/2/49

RECEIVED
JAN 17 1949
BUREAU V. S.

~~Birth~~ Death 776 159

0300

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 51

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

M

C

1. PLACE OF BIRTH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Calvert County Hospital

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If RURAL give LOCATION)

3. Name of child

4. Date of birth January 10 1949 Hour 4:10 A.M.

5. Sex Male | 6. Twin or triplet

7. No. of weeks pregnancy 28

FATHER OF CHILD

8. Full name Robert Holland

9. Color Negro 10. Age at time of this birth 40 yrs.

11. Usual occupation Farmer

MOTHER OF CHILD

12. Full maiden name Ruth Jones

13. Color Negro 14. Age at time of this birth 36 yrs.

15. Usual occupation Housework

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 7
(b) How many other children were born alive but are now dead? 1 (c) How many other children were *born* dead? 0

17. Did child die before labor? During labor?

18. Pregnancy, complications of

19. Labor: (a) Complications of
(b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)
(b) State all operations, if any
(c) Did child die before operation?
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes
(b) Maternal causes

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature [signature]
(Specify if M. D., midwife, or other)

Address

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-11-49 (month) (day) (year)
(c) Cemetery or crematory Plum Point

24. (a) Funeral director P. E. Sewell
(b) Address Prince Frederick, Md

25. (a) 1-11-49 (Date rec'd by registrar) (b) H. W. Ward (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived 11 hrs. 35 min.

I

TB

V. S. A10

RECEIVED
JAN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2
93d

0301

Reg. Dist. No. 52

1. PLACE OF DEATH:

County: Calvert

City or town: Dunkirk
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: Dunkirk
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ella Willa Jenkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widowed

6.(b) Name of husband or wife: Donald

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Abt. 1866 (Unknown)

8. AGE:

Years	Months	Days	If less than one day
83			..... hrs. ..... min.

8. Birthplace: Deale, A.A. Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: William Marshall
13. Birthplace: Va.

MOTHER
14. Maiden name: Rachael ?
15. Birthplace: Unknown

16. Informant: Theodore G. Jenkins
Address: Dunkirk, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 1 (month) 12 (day) 49 (year)

Cemetery or crematory: St. James

Location: Tracy's Md.

18. Funeral director: T. A. Hardisty & Son
Address: Galesville, Md.

19. Jan. 11 1949 Wm. J. French
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/10 1949, at 5-15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 Aug 1948, to 1/10 1949 and that I last saw her alive on 1/9 1949

Immediate cause of death: Chr. Myocarditis

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: G. H. Weems MD
M. D. or other

Address: Huntingtown Md Date signed: 1/10/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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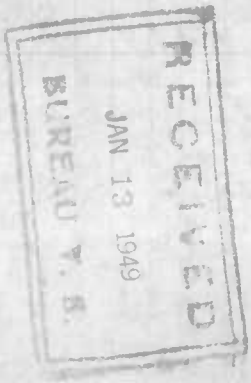
1949
83
1866

RECEIVED
JAN 13 1949
BUREAU V. S.



~~Birth and~~ Death 0302

MARYLAND STATE DEPARTMENT OF HEALTH 776

CERTIFICATE OF ~~STILLBIRTH~~ 159

Reg. Dist. No. 51

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Calvert County Hospital

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If RURAL give LOCATION)

3. Name of child Baby Boy Miller

4. Date of birth January 20 1949 Hour 12:15 A. M.

5. Sex Male 6. Twin or triplet

7. No. of weeks pregnancy 5½ months

FATHER OF CHILD

8. Full name Raymond Miller

9. Color White 10. Age at time of this birth 34 yrs.

11. Usual occupation Builder

MOTHER OF CHILD

12. Full maiden name Thirza Bender

13. Color White 14. Age at time of this birth 34 yrs.

15. Usual occupation Housework

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? During labor?

18. Pregnancy, complications of

19. Labor: (a) Complications of
(b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)
(b) State all operations, if any
(c) Did child die before operation?
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Prematurity
(b) Maternal causes

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature [signature], M.D.
(Specify if M. D., midwife, or other)

Address

23. (a) Burial (Burial, cremation or removal) (b) Date thereof Jan. 21, 1949 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Pauls

24. (a) Funeral director A. A. Harkness & Son
(b) Address Mutual, Md.

25. (a) 1-21-49 (Date rec'd by registrar) (b) H. W. Ward (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived 2 hrs.

V. S. A10

RECEIVED
JAN 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 592 / 1318

0303

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH · COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunby
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ARCHIE	T.	WILLIAMS	Jan	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	S	Apr. 22, 1900	48 yrs.	9	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Calvert Co., Md	U.S.A.

13. FATHER'S NAME: Julius T. Williams
14. MOTHER'S MAIDEN NAME: Delia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		No	Walter Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic glomerular Nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1949, to 1-27, 1949, that I last saw the deceased alive on 1-26, 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jesse Scott M.D.		Prince Frederick	1-28-49

23. BURIAL, CREMATION, REMOVAL. (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 29, 1949	Middleham Chapel	Sunby,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-28-49	H. H. Hard	A. A. Parkhurst & Son	

RECEIVED
FEB 1 1949
BUREAU V. S.